

Arkansas State Veterans' Cemetery
1501 West Maryland Avenue
North Little Rock, Arkansas 72120
Phone: (501) 683-2259 Fax: (501) 992-1049
WWW.VETERANS.ARKANSAS.GOV

CERTIFICATION OF MONUMENT DATA

NAME

DATE OF BIRTH

DATE OF DEATH

VETERAN ELIGIBILITY INFORMATION

BRANCH OF SERVICE

GRADE, RATE OR RANK

I hereby certify that the above information is correct

RELATIONSHIP TO DECEDENT

SIGNATURE OF NEXT OF KIN

DATE

TYPE OF RELIGIOUS EMBLEM

(Please indicate by placing an "X")

CHRISTIAN CROSS

STAR OF DAVID

NO EMBLEM

OTHER (Specify)

ADDITIONAL INSCRIPTION

The above information will be on the headstone and you may add two additional lines of inscription with no more than fifteen (15) letters and/or spaces per line.

Final approval by Cemetery Director.

Please note: Headstones will be ordered after receipt of this completed form.

IMPORTANT

Please complete the highlighted sections above. Return this form to our office within five (5) working days of receipt of this form. The monument will be ordered after receipt of this completed form. Thank you for your attention to this important matter.